

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1 3
2. AMENDMENT/MODIFICATION NO. P00002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 192115FBO00001011.2	5. PROJECT NO. (If applicable)	
6. ISSUED BY ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE 930 WASHINGTON DC 20536	CODE ICE/DCR	7. ADMINISTERED BY (If other than Item 6) ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE 930 WASHINGTON DC 20536	CODE ICE/DCR	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SUFFOLK COUNTY OF ATTN SUFFOLK COUNTY OF DAN MARTINI CFO - FINANCIAL SERVIC 20 BRADSTON STREET BOSTON MA 021182705		(x) 9A. AMENDMENT OF SOLICITATION NO.		
		9B. DATED (SEE ITEM 11)		
		X 10A. MODIFICATION OF CONTRACT/ORDER NO. ACD-3-H-0007 HSCEDM-15-F-IGO16		
		10B. DATED (SEE ITEM 13) 01/07/2015		
CODE 6180434340000	FACILITY CODE	11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS		

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
Net Increase: \$2,066,670.00
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Unilateral Modification in accordance with ACD-3-H-0007
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 618043434

COR: Donald Granahan, 781-359-7530,
Contracting Officer: Gervonna Williams, 202 732-2583,
Contract Specialist: Musa Kamara, 202-732-2516,

The purpose of this modification is to provide funding in the amount of \$2,066,670.00; funding is estimated through August 31, 2015. As a result of this change, the total amount obligated is increased: From: \$825,600.00: By:\$2,066,670.00: To: \$2,892,270.00.

The funding provided in this task order is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
	Gervonna B. Williams		
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 5/15/15

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED ACD-3-H-0007/HSCEDM-15-F-IG016/P00002	PAGE 2	OF 3
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NAME OF OFFEROR OR CONTRACTOR
SUFFOLK COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>not exceed the total amount currently allotted to the items funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.</p> <p>Exempt Action: Y</p> <p>FOB: Destination</p> <p>Period of Performance: 02/01/2015 to 08/31/2015</p> <p>Change Item 0001 to read as follows(amount shown is the total amount):</p> <p>DETAINEE SERVICE</p> <p>Bed/Day rate is \$90.00 X 22,463 bedday = \$2,021,670.00</p> <p>CLIN 0001 is increased as follows:</p> <p>From: \$795,600.00 By: \$2,021,670.00 To: \$2,817,270.00</p> <p>Quantity is increased as follows:</p> <p>From: 8,840 By: 22,463 To: 31,303</p> <p>Quantity: 5542 Accounting Info: ERODETN-T02 BA 31-12-00-000 18-61-0300-05-00-00-00 GE-25-71-00- ----- --- 000000 Funded: \$0.00</p> <p>Quantity: 3298 Accounting Info: ERODETN-T02 BA 31-12-00-000 18-61-0300-05-00-00-00 GE-25-71-00- ----- --- 000000 Funded: \$0.00</p> <p>Quantity: 22463 Accounting Info: ERODETN-T02 BA 31-12-00-000 18-61-0300-05-00-00-00 GE-25-71-00- ----- --- Continued ...</p>	31303	EA	90.00	2,817,270.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED ACD-3-H-0007/HSCEDM-15-F-IG016/P00002	PAGE 3	OF 3
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NAME OF OFFEROR OR CONTRACTOR
SUFFOLK COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0003	<p>000000 Funded: \$2,021,670.00</p> <p>Change Item 0003 to read as follows (amount shown is the total amount):</p> <p>PROCESSING AREA RENT</p> <p>Processing Area Rent rate is \$15,000.00/month</p> <p>CLIN 0003 is increased as follows:</p> <p>From: \$30,000.00 By: \$45,000.00 To: \$75,000.00</p> <p>Quantity is increased as follows:</p> <p>From: 2 months By: 3 month To: 5 month</p> <p>Quantity: 1 Accounting Info: NONE000-000 BA 31-12-00-000 18-61-0300-05-00-00-00 GE-23-08-00- ----- --- 000000 Funded: \$0.00</p> <p>Quantity: 1 Accounting Info: NONE000-000 BA 31-12-00-000 18-61-0300-05-00-00-00 GE-23-08-00- ----- --- 000000 Funded: \$0.00</p> <p>Quantity: 3 Accounting Info: NONE000-000 BA 31-12-00-000 18-61-0300-05-00-00-00 GE-23-08-00- ----- --- 000000 Funded: \$45,000.00</p>	5	EA	15,000.00	75,000.00